



RESIDENTIAL BUILDING PERMIT APPLICATION

(ALL ITEMS MUST BE FILLED OUT COMPLETELY)

- | | | | |
|---|-------------------------------------|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition | <input type="checkbox"/> Remodel | <input type="checkbox"/> General Repair |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Demolition | <input type="checkbox"/> Foundation Repair | <input type="checkbox"/> Pool/Spa |
| <input type="checkbox"/> Patio/Carport | <input type="checkbox"/> Dock/Deck | <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Window Replacement | <input type="checkbox"/> Siding | <input type="checkbox"/> Shed/Storage | <input type="checkbox"/> Fence |

Project Address: _____

Subdivision: _____ Lt. _____ Blk. _____

Property Tax ID _____ - _____ - _____

Plated: ☐ YES ☐ NO **Building Permits **Can Not** be issued on Properties **Not Platted****

Previous Use: _____

Description of work in detail: _____

Area of Work	Project Cost
1 st Floor Sq. Ft.	Building:
2 nd Floor Sq. Ft.	Mechanical:
3 rd Floor Sq. Ft.	Electrical:
Garage Sq. Ft.	Plumbing:
Total Square Footage: (Include additional floors on a separate sheet)	Total Project Cost:

Names	E-Mail	Address, City, Zip	Phone #
CONTRACTOR:			
PROJECT CONTACT:			
OWNER:			
ENGINEER:			
DESIGNER:			

➔ _____
Print Name

_____ Phone Number

➔ _____
Signature of Contractor or Authorized Agent

_____ Date

➔ _____
Signature of Owner (if owner is builder)

_____ Date

Office Use Only: Permit #: _____ Intake Date: _____ PR Fee: _____ Staff Initials: _____
